

## **CHAMPVA POLICY MANUAL**

### **INTRODUCTION**

- A. This Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) Policy Manual contains operational policies necessary to effectively implement the CHAMPVA regulation (as published in the Code of Federal Regulations at 38 USC, Section 1781).
- B. The CHAMPVA Policy Manual consists of three chapters that address administrative, benefit, and reimbursement policies. A table of contents prefaces each of the three chapters. Each chapter contains multiple sections that detail specific policies related to the general subject matter of the chapter.
- C. The policy format used throughout this manual is shown in Appendix 1. Below is a brief explanation of the elements of the format. Each policy contains only applicable elements.
  - 1. Transmittal Number – changes to policy are numbered sequentially.
  - 2. Date – the date a policy was last revised.
  - 3. TRICARE Change Number – if a change is associated with a TRICARE transmittal, the transmittal number is reflected here. If the change is not associated with a TRICARE transmittal N/A is indicated.
  - 4. Chapter number, Section number, and Title – self-explanatory.
  - 5. Authority – Public Laws (PL), United States Codes (USC), and the Code of Federal Regulations (CFR). The CFR references are noted in the policies. Unless otherwise noted, the PL and USC authorities for policies in this manual are:
    - a. PL 93-82
    - b. 38 USC 1781
  - 6. Related Authority – Other references that is applicable to the policy such as Department of Defense regulations, General Counsel (GC) Opinions and Proposed Policy Initiatives (PPI).
  - 7. TRICARE Policy Manual – The related TRICARE chapter and section.
  - 8. Effective Date(s) – The specific date that a policy is to be applied to benefit adjudication or program administration. The effective date may be earlier than the transmittal date. In the absence of an effective date, the policy is

applicable from the establishment of the CHAMPVA program on September 1, 1973.

9. Procedure Code(s) – This manual uses Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS), and ICD-9-CM codes in the policies. The CPT five-digit numeric codes, description, and numeric modifiers are copyrighted by the American Medical Association. HCPCS alpha and numeric codes and numeric modifiers are copyrighted by Ingenix, Inc. ICD-9-CM alpha and numeric codes are copyrighted by Ingenix, Inc.
  10. Definitions – Terms used in the policy that may require explanation to assist the user.
  11. Description – An explanation of the subject service(s) or procedure(s).
  12. Policy – Statement of the current policy related to the subject service(s) or procedure(s).
  13. Policy Considerations – Services, procedures, or circumstances that are to be considered in the application of the policy.
  14. Limitations – Restrictions applicable to the policy.
  15. Exceptions – Services, procedures, or circumstances that, if present, is not applicable to the policy.
  16. Exclusions – Services, procedures, or circumstances that may be related to the policy, but are not covered benefits.
  17. Page Numbers – The first number represents the chapter number, the second represents the section number, and the last represents the page number.
- D. The policy manual is updated as needed. There are no pre-scheduled dates for Transmittal Changes.